

123

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
 Registered No. 229

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Martin Arturo Rodriguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child

male

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

5. No., in order of birth _____

6. Legitimate?

yes

7. Date

of birth

11-11-1930
 Month Day Year

8.**FATHER****Full name**

Santiago Rodriguez

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe
Ariz.

10. Color or race

mex.

11. Age at last birthday

29

(Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner

14.**MOTHER****Full maiden name**

Maria Rocco

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe
Ariz.

16. Color or race

mex.

17. Age at last birthday

37

(Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 2

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barcelina at 11 P. m. on the date above stated.
 (Born alive or stillborn.)

Signature

T. E. Harper
Physician

(Physician or Midwife).

Address

Globe, Arizona

Filed

12/4, 1930

H. E. Wightman
Registral

Registrar

499-1111-496

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
 a supplemental report

Month, day, year